

**Proposal for Off-Site Administration of the
Michigan Merit Examination (MME) ACT State Testing
Spring 2007**

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*The Michigan Department of Education (MDE)/Office of Educational Assessment and Accountability (OEAA) expects nearly all high schools will be able to make arrangements to administer the Michigan Merit Examination (MME) in school. Schools with exceptional circumstances must provide written answers to the questions on this form and submit their proposals for off-site testing to ACT no later than **December 1, 2006**. Principals must receive written authorization from ACT before any off-site location may be used. (Please type or print.)*

Note: Questions regarding Michigan's state requirements for attendance on test dates should be directed to the Office of Educational Assessment and Accountability at 517/373-0739, or you may refer to the MDE website at http://www.michigan.gov/documents/School_Schedule_Site_Options_for_Admin_2007_MME_156781_7.pdf.

1. Off-Site Testing Proposed Test Dates and for How Many Students:

INITIAL ☐ March 13, 2007 (Day 1 - initial test date) — estimated number of grade 11 students _____

TESTING: ☐ March 14, 2007 (Day 2 - initial test date) — estimated number of grade 11 students _____

☐ March 14-16, 2007 (Days 2, 3, or 4 - initial test date) — estimated number of grade 11 students _____

ACCOMS: ☐ March 13-27, 2007 (Day 1 accommodations testing) — estimated number of grade 11 students _____

☐ March 14-28, 2007 (Day 2 accommodations testing) — estimated number of grade 11 students _____

☐ March 14-March 30, 2007 (Days 2, 3, or 4 accommodations testing) — est. # of grade 11 students _____

MAKEUP ☐ March 27, 2007 (Day 1 – makeup test date) — estimated number of grade 11 students _____

TESTING: ☐ March 28, 2007 (Day 2 – makeup test date) — estimated number of grade 11 students _____

☐ March 28-March 30, 2007 (Days 2, 3 or 4 – makeup test date) — est. # of grade 11 students _____

2. High School Information:

ACT High School Code _____ Michigan State School Code _____

School Name _____

Street Address _____

City, State, Zip _____

District Name _____ District Code _____

Principal Name _____

Principal Phone Number _____

Principal e-mail _____

3. Proposed Off-Site Location:

- a. Institution/Facility Name _____
- Building Name _____
- Building Street Address _____
- City, State, Zip _____
- b. Off-site location is what type of institution/facility (check one):
- ☐ Public high school ☐ Technical high school ☐ Community building
- ☐ Church ☐ 2-year community college ☐ 4-year college/university
- ☐ Other (describe) _____
- c. Will students from your school be the **only** students testing at the off-site location?
- _____ Yes _____ No If no, attach a separate page to explain which other students will be testing at the location and provide detailed arrangements for ensuring your students' test materials will be kept separate.
- d. How many rooms will be used at the off-site location? _____
- On a separate page, describe the testing facilities and furniture you plan to use at the off-site location (e.g., classrooms with side-arm desks, 8-foot tables and movable chairs).
 - Attach a floor plan of each room to depict your proposed table or desk configuration.

4. **Reason(s) for Moving Off Site.** Describe the reason(s) for proposing off-site testing. Specify which "MME/ACT Standard Testing Requirements" cannot be met at your building that can be met at the proposed off-site location.
5. **Isolation from Public Access.** Describe the provisions for ensuring restriction of public access and uninterrupted quiet during the test sessions. If any test rooms have telephones in or near them, indicate plans to ensure they do not ring during testing.
6. **Transfer of Students to Off-Site Location.** Describe the distance from your school to the off-site location and your plans for students to report directly to that location or be transported to that location.
7. **Storage and Transfer of Secure Materials.**
 - a. **Storage at School:** Describe the secure, locked storage facilities at your school building where test materials will be stored prior to test day. Include information such as type (e.g., locked cabinet, vault), location (e.g., principal's office), name and title of *all* persons with access/keys, how student access is restricted, etc.
 - b. **Transfer:** Describe your plans for ensuring continuous "chain of custody" for all secure materials during transfer to the off-site location each morning before testing and back to the school immediately after testing each day. Students may *not* assist with transporting materials, materials may *not* be transported in the same vehicle as students, and testing staff may *not* store materials in personal vehicles or their homes.
 - c. **Storage During Testing:** Describe the provisions at the off-site location for secure storage of unused materials during testing (e.g., locked closet or restricted area to which no examinees have access). Materials may *not* be stored at the off-site location overnight.
8. **Testing Staff and Test Day Communications.**
 - a. **Staff:** Provide the total number and titles of school staff that will assist at the off-site location. One room supervisor is required for every test room. One proctor is required for every 25 students (or portion thereof) in each room after the first 25. Even if fewer than 26 students are at the off-site location, a minimum of *TWO* staff must be present during testing.
 - b. **Communications:** Describe provisions for testing staff to consult with ACT or MDE/OEAA as necessary on test day to resolve irregularities or to communicate with the school's main office to handle disruptions or dismissed students.
9. **Makeup Testing (March 27-30, 2007).** Indicate where makeup testing will be conducted and provide the requested information. Makeup testing will be conducted (check one).
 - a. ☐ at the *same* off-site location. Be sure you marked the makeup date on item 1 of this form.
 - b. ☐ at a *different* off-site location. You must submit a *separate* proposal for that location.
 - c. ☐ at your school. Describe how all "MME/ACT Standard Testing Requirements" will be met on March 27-30.
10. **Accommodations Testing.** Indicate where accommodations testing will be conducted and provide the requested information. Accommodations testing will be conducted:
(Special Testing windows for students conducted between March 13-March 30, 2007 – Day 1, Day 2, Days 2, 3, or 4)
 - a. ☐ at your school. It is recommended that students testing over multiple days be tested at the school. Bells do not need to be turned off during extended time testing.
 - b. ☐ at the *same* off-site location. Describe how accommodations testing will be *kept separate from* standard time testing (e.g., different rooms, staff).
 - c. ☐ at a *different* off-site location. You must submit a separate proposal for that location.

Please submit your proposal by **December 1, 2006**, to:

Fax: 319/337-1019

ACT State Testing — Michigan (55)
301 ACT Drive
P.O. Box 168
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